

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559490

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7						
8						
9						
10						
11						
12						
13						
14		0				
15	1					
16		1				
17		2				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
24		2				
25		2				
26		2				
27		2				
28		2				
29		1				
30			1			
31			1			
32			1			
33			4			
34			1			
35			1			
36			1			
37			3			
38			1			
39			1			
40						
41						
42						
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45						
46						
47						
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			13			
TOTAL CLAIMS			16			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						